
Appendix B: BRFSS Questionnaire

Section 1: Health Status

1.1 Would you say that in general your health is:

- a. Excellent
- b. Very Good
- c. Good
- d. Fair

Or

- e. Poor
- Don't know / Not sure
- Refused

Section 2: Healthy Days – Health-Related Quality of Life

2.1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

_ _Number of days

None

Don't know / Not sure

Refused

2.2 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

_ _Number of days

None **(If Q2.1 and Q2.2 = None, go to next section)**

Don't know / Not sure

Refused

2.3 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

_ _Number of days

None

Don't know / Not sure

Refused

Section 3: Health Care Access

3.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

a. Yes

b. No

Don't know / Not sure

Refused

- 3.2 Do you have one person you think of as your personal doctor or health care provider?
(If “No,” ask: “Is there more than one, or is there no person who you think of as your personal doctor or health care provider?”)
- a. Yes, only one
 - b. More than one
 - c. No
 - Don't know / Not sure
 - Refused
- 3.3 Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?
- a. Yes
 - b. No
 - Don't know / Not sure
 - Refused
- 3.4 About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.
- a. Within past year (anytime less than 12 months ago)
 - b. Within past 2 years (1 year but less than 2 years ago)
 - c. Within past 5 years (2 years but less than 5 years ago)
 - d. 5 or more years ago
 - Don't know / Not sure
 - Never
 - Refused

Section 4: Exercise

- 4.1 During the past month, other than your regular job, did you participate in any physical activities or exercises
such as running, calisthenics, golf, gardening, or walking for exercise?
- a. Yes
 - b. No
 - Don't know / Not sure
 - Refused

Section 5: Diabetes

- 5.1 Have you ever been told by a doctor that you have diabetes?
(If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”)
(If respondent says pre-diabetes or borderline diabetes, use response d.)
- a. Yes
 - b. Yes, but female told only during pregnancy
 - c. No
 - d. No, pre-diabetes or borderline diabetes
 - Don't know / Not sure
 - Refused

Section 6: Oral Health

- 6.1 How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.

Read only if necessary:

- a. Within the past year (anytime less than 12 months ago)
- b. Within the past 2 years (1 year but less than 2 years ago)
- c. Within the past 5 years (2 years but less than 5 years ago)
- d. 5 or more years ago

Do not read:

Don't know / Not sure
Never
Refused

- 6.2 How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

(Note: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.)

- a. 1 to 5
 - b. 6 or more but not all
 - c. All
 - d. None
- Don't know / Not sure
Refused

(If Q6.1 = Never or Q 6.2 = All, go to next section.)

- 6.3 How long has it been since you had your teeth cleaned by a dentist or dental hygienist?

Read only if necessary:

- a. Within the past year (anytime less than 12 months ago)
- b. Within the past 2 years (1 year but less than 2 years ago)
- c. Within the past 5 years (2 years but less than 5 years ago)
- d. 5 or more years ago

Do not read:

Don't know / Not sure
Never
Refused

Section 7: Cardiovascular Disease Prevalence

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes", "No", or you're "Not sure."

- 7.1 (Ever told) you had a heart attack, also called a myocardial infarction?

- a. Yes
 - b. No
- Don't know / Not sure
Refused

7.2 (Ever told) you had angina or coronary heart disease?

- a. Yes
- b. No
- Don't know / Not sure
- Refused

7.3 (Ever told) you had a stroke?

- a. Yes
- b. No
- Don't know / Not sure
- Refused

Section 8: Asthma

8.1 Have you ever been told by a doctor, nurse, or other health professional that you had asthma?

- a. Yes
- b. No **(Go to next section)**
- Don't know / Not sure **(Go to next section)**
- Refused **(Go to next section)**

8.2 Do you still have asthma?

- a. Yes
- b. No
- Don't know / Not sure
- Refused

Section 9: Disability

The following questions are about health problems or impairments you may have.

9.1 Are you limited in any way in any activities because of physical, mental, or emotional problems?

- a. Yes
- b. No
- Don't know / Not Sure
- Refused

9.2 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

(Include occasional use or use in certain circumstances.)

- a. Yes
- b. No
- Don't know / Not Sure
- Refused

Section 10: Tobacco Use

10.1 Have you smoked at least 100 cigarettes in your entire life?

Note: 5 packs = 100 cigarettes

a. Yes

b. No **(Go to next section)**

Don't know / Not sure **(Go to next section)**

Refused **(Go to next section)**

10.2 Do you now smoke cigarettes every day, some days, or not at all?

a. Every day

b. Some days

c. Not at all **(Go to next section)**

Don't know/Not sure **(Go to next section)**

Refused **(Go to next section)**

10.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

a. Yes

b. No

Don't know / Not sure

Refused

Section 11: Demographics

11.1 What is your age?

_ _ Code age in years

Don't know / Not sure

Refused

11.2 Are you Hispanic or Latino?

a. Yes

b. No

Don't know / Not sure

Refused

11.3 Which one or more of the following would you say is your race?
(Check all that apply)

Please read:

a. White

b. Black or African American

c. Asian

d. Native Hawaiian or Other Pacific Islander

e. American Indian or Alaska Native

Or

f. Other [specify]_____

Do not read:

No additional choices

Don't know / Not sure

Refused

(If more than one response to Q11.3; continue. Otherwise, go to Q11.5)

11.4 Which one of these groups would you say best represents your race?

- a. White
- b. Black or African American
- c. Asian
- d. Native Hawaiian or Other Pacific Islander
- e. American Indian or Alaska Native
- f. Other [specify] _____

Do not read:

Don't know / Not sure

Refused

11.5 Are you...?

Please read:

- a. Married
- b. Divorced
- c. Widowed
- d. Separated
- e. Never married

Or

- f. A member of an unmarried couple

Do not read:

Refused

11.6 How many children less than 18 years of age live in your household?

_ _Number of children

None

Refused

11.7 What is the highest grade or year of school you completed?

Read only if necessary:

- a. Never attended school or only attended kindergarten
- b. Grades 1 through 8 (Elementary)
- c. Grades 9 through 11 (Some high school)
- d. Grade 12 or GED (High school graduate)
- e. College 1 year to 3 years (Some college or technical school)
- f. College 4 years or more (College graduate)

Do not read:

Refused

11.8 Are you currently...?

Please read:

- a. Employed for wages
- b. Self-employed
- c. Out of work for more than 1 year
- d. Out of work for less than 1 year
- e. A Homemaker
- f. A Student
- g. Retired

Or

- h. Unable to work

Do not read:

Refused

11.9 Is your annual household income from all sources—

If respondent refuses at ANY income level, code Refused.

Read only if necessary:

- a. Less than \$25,000 (If “no,” ask e; if “yes,” ask b)
(\$20,000 to less than \$25,000)
- b. Less than \$20,000 (If “no,” code a; if “yes,” ask c)
(\$15,000 to less than \$20,000)
- c. Less than \$15,000 (If “no,” code b; if “yes,” ask d)
(\$10,000 to less than \$15,000)
- d. Less than \$10,000 (If “no,” code c)
- e. Less than \$35,000 (If “no,” ask f)
(\$25,000 to less than \$35,000)
- f. Less than \$50,000 (If “no,” ask g)
(\$35,000 to less than \$50,000)
- g. Less than \$75,000 (If “no,” code h)
(\$50,000 to less than \$75,000)
- h. \$75,000 or more

Do not read:

Don’t know / Not sure
Refused

11.10 About how much do you weigh without shoes?

Note: If respondent answers in metrics, put “Refused” in column 116.

Round fractions up

__ __ __ Weight
(pounds/kilograms)
Don’t know / Not sure
Refused

11.11 About how tall are you without shoes?

Note: If respondent answers in metrics, put “Refused” in column 120.

Round fractions down

__ __ / __ __ Height
(ft / inches/meters/centimeters)
Don’t know / Not sure
Refused

11.12 What county do you live in?

__ __ FIPS county code
Don’t know / Not sure
Refused

11.13 What is your ZIP Code where you live?

__ __ __ __ ZIP Code
Don’t know / Not sure
Refused

- 11.14 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.
- a. Yes
 - b. No **(Go to Q11.16)**
 - Don't know / Not sure **(Go to Q11.16)**
 - Refused **(Go to Q11.16)**
- 11.15 How many of these telephone numbers are residential numbers?
- _ Residential telephone numbers **(6 = 6 or more)**
- Don't know / Not sure
- Refused
- 11.16 During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters.
- a. Yes
 - b. No
 - Don't know / Not sure
 - Refused
- 11.17 Indicate sex of respondent. **(Ask only if necessary.)**
- a. Male **(Go to next section)**
 - b. Female **(If respondent is 45 years old or older, go to next section)**
- 11.18 To your knowledge, are you now pregnant?
- a. Yes
 - b. No
 - Don't know / Not sure
 - Refused

Section 12: Veteran's Status

The next question relates to military service.

- 12.1 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in
a
National Guard or military reserve unit?
- a. Yes
 - b. No
 - Don't know / Not sure
 - Refused

Section 13: Alcohol Consumption

- 13.1 During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?
- a. Yes
 - b. No **(Go to next section)**
 - Don't know / Not sure **(Go to next section)**
 - Refused **(Go to next section)**

- 13.2 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?
- __ __ Days per week
 __ __ Days in past 30 days
 No drinks in past 30 days (**Go to next section**)
 Don't know / Not sure
 Refused
- 13.3 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?
- __ __ Number of drinks
 Don't know / Not sure
 Refused
- 13.4 Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X (X = 5 for men, X = 4 for women)** or more drinks on an occasion?
- __ __ Number of times
 None
 Don't know / Not sure
 Refused
- 13.5 During the past 30 days, what is the largest number of drinks you had on any occasion?
- __ __ Number of drinks
 Don't know / Not sure
 Refused

Section 14: Immunization/Adult Influenza Supplement

- 14.1 A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot?
- a. Yes
 b. No
 Don't know / Not sure
 Refused
- 14.2 During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine sprayed in the nose is also called FluMist™.
- a. Yes
 b. No
 Don't know / Not sure
 Refused

Note: If Q14.1 or Q14.2 = Yes, continue; otherwise go to Q14.4s.

Note: Questions 14.3s through 14.8s are intended for use only if the Adult Influenza Supplement is activated. The Behavioral Surveillance Branch will provide notification and instructions for implementing the Adult Influenza Supplement.

- 14.3s During what month and year did you receive your most recent flu vaccination? The most recent flu vaccination may have been either the flu shot or the flu spray.
- __ __ / __ __ __ Month / Year
 Don't know / Not sure (**Probe: "Was it before September 2005?" Code approximate month and year**)
 Refused

Note: If Q14.3s is before 09/2005 or Q14.3s = Don't know or Refused, continue. Otherwise, go to Q14.5s.

14.4s What is the MAIN reason you have NOT received a flu vaccination for this current flu season?

INTERVIEWER NOTE: The current flu season = Sept. '05 – Mar. '06.

Do not read answer choices below. Select category that best matches response.

Need: Do not think need it / not recommended

Concern about vaccine: side effects / can cause flu / does not work

Access / cost / inconvenience

Vaccine shortage: saving vaccine for people who need it more

Vaccine shortage: tried to find vaccine, but could not get it

Vaccine shortage: not eligible to receive vaccine

Some other reason

Don't know / Not sure (**Probe: "What was the main reason?"**)

Refused

14.5s Has a doctor, nurse, or other health professional ever said that you have any of the following health problems?

Read each problem listed below:

Lung problems, including asthma

Heart problems

Diabetes

Kidney problems

Weakened immune system caused by a chronic illness, such as cancer or HIV/AIDS, or medicines, such as steroids

Or

Sickle Cell Anemia or other anemia

a. Yes

b. No (**Go to Q14.8s**)

Don't know / Not sure (**Go to Q14.8s**)

Refused (**Go to Q14.8s**)

14.6s Do you still have (this/any of these) problem(s)?

a. Yes

b. No

Don't know / Not sure

Refused

14.7s Do you currently work in a health care facility, such as a medical clinic, hospital, or nursing home? This includes part-time and volunteer work.

a. Yes

b. No (**Go to Q14.9**)

Don't know / Not sure (**Go to Q14.9**)

Refused (**Go to Q14.9**)

14.8s Do you have direct face-to-face or hands-on contact with patients as a part of your routine work?

a. Yes

b. No

Don't know / Not sure

Refused

14.9 A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

- a. Yes
- b. No
- Don't know / Not sure
- Refused

14.10 Have you EVER received the hepatitis B vaccine? The hepatitis B vaccine is completed after the third shot is given.

- a. Yes
- b. No
- Don't know / Not sure
- Refused

The next question is about behaviors related to Hepatitis B.

14.11 Tell me if ANY of these statements is true for YOU. Do NOT tell me WHICH statement or statements are true for you, just if ANY of them are:

(If female, do not read the second response)

You have hemophilia and have received clotting factor concentrate

You are a man who has had sex with other men, even just one time

You have taken street drugs by needle, even just one time

You traded sex for money or drugs, even just one time

You have tested positive for HIV

You have had sex (even just one time) with someone who would answer "yes" to any of these statements

You had more than two sex partners in the past year

Are any of these statements true for you?

- a. Yes, at least one statement is true
- b. No, none of these statements is true
- Don't know / Not sure
- Refused

Section 15: Falls

If respondent is 45 years or older continue, otherwise go to next section.

The next questions ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

15.1 In the past 3 months, how many times have you fallen?

_ _ Number of times (**76 = 76 or more**)

None (**Go to next section**)

Don't know / Not sure (**Go to next section**)

Refused (**Go to next section**)

15.2 **(Fill in "Did this fall (from Q15.1) cause an injury?"). If only one fall from Q15.1 and response is "Yes" (caused an injury); code 1. If response is "No", code None.**

How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

_ _ Number of falls (**76 = 76 or more**)

None (**Go to next section**)

Don't know / Not sure (**Go to next section**)

Refused (**Go to next section**)

Section 16: Seatbelt Use

16.1 How often do you use seat belts when you drive or ride in a car? Would you say—

Please read:

- a. Always
- b. Nearly always
- c. Sometimes
- d. Seldom
- e. Never

Do not read:

Don't know / Not sure
Never drive or ride in a car
Refused

Note: If Q16.1 = Never drive or ride in a car, go to Section 18; otherwise continue.

Section 17: Drinking and Driving

Note: If Q13.1 = No; go to next section.

The next question is about drinking and driving.

17.1 During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

- _ _ Number of times
None
Don't know / Not sure
Refused

Section 18: Women's Health

Note: If respondent is male, go to the next section.

The next questions are about breast and cervical cancer.

18.1 A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

- a. Yes
- b. No (**Go to Q18.3**)
- Don't know / Not sure (**Go to Q18.3**)
- Refused (**Go to Q18.3**)

18.2 How long has it been since you had your last mammogram?

Read only if necessary:

- a. Within the past year (anytime less than 12 months ago)
- b. Within the past 2 years (1 year but less than 2 years ago)
- c. Within the past 3 years (2 years but less than 3 years ago)
- d. Within the past 5 years (3 years but less than 5 years ago)
- e. 5 or more years ago

Do not read:

Don't know / Not sure
Refused

18.3 A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam?

- a. Yes
- b. No (**Go to Q18.5**)
- Don't know / Not sure (**Go to Q18.5**)
- Refused (**Go to Q18.5**)

18.4 How long has it been since your last breast exam?

Read only if necessary:

- a. Within the past year (anytime less than 12 months ago)
- b. Within the past 2 years (1 year but less than 2 years ago)
- c. Within the past 3 years (2 years but less than 3 years ago)
- d. Within the past 5 years (3 years but less than 5 years ago)
- e. 5 or more years ago

Do not read:

Don't know / Not sure
Refused

18.5 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?

- a. Yes
- b. No (**Go to Q18.7**)
- Don't know / Not Sure (**Go to Q18.7**)
- Refused (**Go to Q18.7**)

18.6 How long has it been since you had your last Pap test?

Read only if necessary:

- a. Within the past year (anytime less than 12 months ago)
- b. Within the past 2 years (1 year but less than 2 years ago)
- c. Within the past 3 years (2 years but less than 3 years ago)
- d. Within the past 5 years (3 years but less than 5 years ago)
- e. 5 or more years ago

Do not read:

Don't know / Not sure
Refused

Note: If response to Core Q11.18 = is pregnant; then go to next section.

18.7 Have you had a hysterectomy?

(Read only if necessary: A hysterectomy is an operation to remove the uterus (womb).)

- a. Yes
- b. No
- Don't know / Not sure
- Refused

Section 19: Prostate Cancer Screening

Note: If respondent is ≤ 39 years of age, or is female, go to next section.

Now, I will ask you some questions about prostate cancer screening.

- 19.1 A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test?

a. Yes
b. No (**Go to Q19.3**)
Don't Know / Not Sure (**Go to Q19.3**)
Refused (**Go to Q19.3**)

- 19.2 How long has it been since you had your last PSA test?

Read only if necessary:

a. Within the past year (anytime less than 12 months ago)
b. Within the past 2 years (1 year but less than 2 years)
c. Within the past 3 years (2 years but less than 3 years)
d. Within the past 5 years (3 years but less than 5 years)
e. 5 or more years ago

Do not read:

Don't know
Refused

- 19.3 A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam?

a. Yes
b. No (**Go to Q19.5**)
Don't know / Not sure (**Go to Q19.5**)
Refused (**Go to Q19.5**)

- 19.4 How long has it been since your last digital rectal exam?

Read only if necessary:

a. Within the past year (anytime less than 12 months ago)
b. Within the past 2 years (1 year but less than 2 years)
c. Within the past 3 years (2 years but less than 3 years)
d. Within the past 5 years (3 years but less than 5 years)
e. 5 or more years ago

Do not read:

Don't know / Not sure
Refused

- 19.5 Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer?

a. Yes
b. No
Don't know / Not sure
Refused

Section 20: Colorectal Cancer Screening

Note: If respondent is ≤ 49 years of age, go to next section.

- 20.1 A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

a. Yes
b. No (**Go to Q20.3**)
Don't know / Not sure (**Go to Q20.3**)
Refused (**Go to Q20.3**)

- 20.2 How long has it been since you had your last blood stool test using a home kit?

Read only if necessary:

a. Within the past year (anytime less than 12 months ago)
b. Within the past 2 years (1 year but less than 2 years ago)
c. Within the past 5 years (2 years but less than 5 years ago)
d. 5 or more years ago

Do not read:

Don't know / Not sure
Refused

- 20.3 Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?

a. Yes
b. No (**Go to next section**)
Don't know / Not sure (**Go to next section**)
Refused (**Go to next section**)

- 20.4 How long has it been since you had your last sigmoidoscopy or colonoscopy?

Read only if necessary:

a. Within the past year (anytime less than 12 months ago)
b. Within the past 2 years (1 year but less than 2 years ago)
c. Within the past 5 years (2 years but less than 5 years ago)
d. Within the past 10 years (5 years but less than 10 years ago)
e. 10 or more years ago

Do not read:

Don't know / Not sure
Refused

Section 21: HIV/AIDS

Note: If respondent is 65 years old or older, go to next section.

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

- 21.1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.

a. Yes
b. No (**Go to next section**)
Don't know / Not Sure (**Go to next section**)

Refused (Go to next section)

- 21.2 Not including blood donations, in what month and year was your last HIV test?

Note: If response is before January 1985, code “Don’t know.”

__ / __ __ Code month and year

Don’t know / Not sure

Refused

- 21.3 Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else?

- a. Private doctor or HMO office
 - b. Counseling and testing site
 - c. Hospital
 - d. Clinic
 - e. Jail or prison (or other correctional facility)
 - f. Drug treatment facility
 - g. At home
 - h. Somewhere else
- Don’t know/Not sure
Refused

Note: Ask Q.21.4; if Q.21.2 = within last 12 months. Otherwise, go to next section.

- 21.4 Was it a rapid test where you could get your results within a couple of hours?

- a. Yes
 - b. No
- Don’t know / Not sure
Refused

Section 22: Emotional Support and Life Satisfaction

The next two questions are about emotional support and your satisfaction with life.

- 22.1 How often do you get the social and emotional support you need?

INTERVIEWER NOTE: If asked, say “please include support from any source”.

Please read:

- a. Always
- b. Usually
- c. Sometimes
- d. Rarely
- e. Never

Do not read:

Don’t know / Not sure
Refused

- 22.2 In general, how satisfied are you with your life?

Please read:

- a. Very satisfied
- b. Satisfied
- c. Dissatisfied
- d. Very dissatisfied

Do not read:

Don't know / Not sure
Refused

Module 1: Random Child Selection

Note: If Core Q11.6 = No children under age 18 in the household, or Refused, go to next module.

If Core Q11.6 = 1, Interviewer please read: “Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.” **(Go to Q1)**

If Core Q11.6 is >1 and Core Q11.6 does not equal None or Refused, Interviewer please read: “Previously, you indicated there were **(number)** children age 17 or younger in your household. Think about those **(number)** children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last.” Please include children with the same birth date, including twins, in the order of their birth.

INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the “Xth” child. Please substitute “Xth” child’s number in all questions below.

INTERVIEWER PLEASE READ:

I have some additional questions about one specific child. The child I will be referring to is the “Xth” **(please fill in correct number)** child in your household. All following questions about children will be about the “Xth” **(please fill in)** child.”

1. What is the birth month and year of the “Xth” child?

__/_/____ Code month and year
Don't know / Not sure
Refused

INSTRUCTION: Calculate the child’s age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is \geq 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

2. Is the child a boy or a girl?

a. Boy
b. Girl
Refused

3. Is the child Hispanic or Latino?

a. Yes
b. No
Don't know / Not sure
Refused

4. Which one or more of the following would you say is the race of the child?
(Check all that apply)

Please read:

- a. White
- b. Black or African American
- c. Asian
- d. Native Hawaiian or Other Pacific Islander
- e. American Indian, Alaska Native
- Or**
- f. Other [specify] _____

Do not read:

No additional choices
Don't know / Not sure
Refused

Note: If more than one response to Q4, continue. Otherwise, go to Q6.

5. Which one of these groups would you say best represents the child's race?

- a. White
- b. Black or African American
- c. Asian
- d. Native Hawaiian or Other Pacific Islander
- e. American Indian, Alaska Native
- f. Other
- Don't know / Not sure
- Refused

6. How are you related to the child?

Please read:

- a. Parent (include biologic, step, or adoptive parent)
- b. Grandparent
- c. Foster parent or guardian
- d. Sibling (include biologic, step, and adoptive sibling)
- e. Other relative
- f. Not related in any way

Do not read:

Don't know / Not sure
Refused

Module 4: Diabetes

To be asked following Core Q5.1 if response is "Yes" (code = 1)

1. How old were you when you were told you have diabetes?

__ _ Code age in years [97 = 97 and older]
Don't know / Not sure
Refused

2. Are you now taking insulin?
- a. Yes
 - b. No
 - Refused
3. Are you now taking diabetes pills?
- a. Yes
 - b. No
 - Don't know / Not sure
 - Refused
4. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.
- _ _Times per day
 - _ _Times per week
 - _ _Times per month
 - _ _Times per year
 - Never
 - Don't know / Not sure
 - Refused
5. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.
- _ _Times per day
 - _ _Times per week
 - _ _Times per month
 - _ _Times per year
 - No feet
 - Never
 - Don't know / Not sure
 - Refused
6. Have you ever had any sores or irritations on your feet that took more than four weeks to heal?
- a. Yes
 - b. No
 - Don't know / Not sure
 - Refused
7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?
- _ _ Number of times (**76 = 76 or more**)
 - None
 - Don't know / Not sure
 - Refused
8. A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?
- _ _Number of times [**76 = 76 or more**]
 - None
 - Never heard of "A one C" test

Don't know / Not sure
Refused

(Note: If Q5 = No feet, go to Q10.)

9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

_ _ Number of times [76 = 76 or more]
None
Don't know / Not sure
Refused

10. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

Read only if necessary:

- a. Within the past month (anytime less than 1 month ago)
- b. Within the past year (1 month but less than 12 months ago)
- c. Within the past 2 years (1 year but less than 2 years ago)
- d. 2 or more years ago

Do not read:

Don't know / Not sure
Never
Refused

11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

a. Yes
b. No
Don't know / Not sure
Refused

12. Have you ever taken a course or class in how to manage your diabetes yourself?

a. Yes
b. No
Don't know / Not sure
Refused

SOUTH DAKOTA'S 2006 STATE-ADDED QUESTIONS

HEALTH CARE COVERAGE

If "a" to Q. 3.1 in Section 3, continue. Otherwise go to Q. S2.

- S1. Earlier you were asked some questions about your health care coverage. We'd now like to ask you what type of health care coverage you use to pay for most of your medical care?

Is it coverage through:

- a. Your employer
- b. Someone else's employer
- c. A plan that you or someone else buys on your own
- d. Medicare
- e. Medicaid or Medical Assistance
- f. The military, CHAMPUS, TriCare, or the VA
- g. The Indian Health Service
- h. Some other source
- None
- Don't know/Not sure
- Refused

Go to Q. S3.

If "b" to Q. 3.1 in Section 3, continue. Otherwise go to Q. S3.

- S2. Earlier you indicated that you did not have any type of health care coverage, but there are some types of coverage you may not have considered. Please tell me if you have any of the following:

Coverage through:

- a. Your employer
- b. Someone else's employer
- c. A plan that you or someone else buys on your own
- d. Medicare
- e. Medicaid or Medical Assistance
- f. The military, CHAMPUS, TriCare, or the VA
- g. The Indian Health Service
- h. Some other source
- None
- Don't know/Not sure
- Refused

TOBACCO USE

- S3. Do you use chewing tobacco or snuff every day, some days, or not at all?

- a. Every day
- b. Some days
- c. Not at all
- Don't know / Not sure
- Refused

If "a" to Q. 3.4 in Section 3, go to Q. S5. Otherwise, continue.

S4. In the past 12 months, have you seen a doctor, nurse or other health professional to get any kind of care for yourself?

- a. Yes
- b. No (**Go to Q. S6**)
- Don't Know/Not Sure (**Go to Q. S6**)
- Refused (**Go to Q. S6**)

If ("a" or "b" to Q. 10.2 in Section 10) or ("a" or "b" to Q. S3), continue. Otherwise, go to Q. S6.

S5. In the past 12 months, has a doctor, nurse, or other health professional advised you to (quit smoking or stop using spit tobacco)?

- a. Yes
- b. No
- Don't Know/Not Sure
- Refused

SECONDHAND SMOKE

S6. Which statement best describes the rules about smoking inside your home?

Please read:

- a. Smoking is not allowed anywhere inside your home
- b. Smoking is allowed in some places or at some times
- c. Smoking is allowed anywhere inside your home

Or

- d. There are no rules about smoking inside your home

Do not read:

Don't know / Not sure
Refused

If "a" or "b" to Q. 11.8 in Section 11, continue. Otherwise, go to Q. S9.

S7. While working at your job, are you indoors most of the time?

- a. Yes
- b. No (**Go to Q. S9**)
- Don't Know/Not Sure (**Go to Q. S9**)
- Refused (**Go to Q. S9**)

S8. Which of the following best describes your place of work's official smoking policy for work areas?

Please read:

- a. Not allowed in any work areas
- b. Allowed in some work areas
- c. Allowed in all work areas

Or

- d. No official policy
- Don't know/Not sure
- Refused

S9. Do you think that breathing smoke from other people's cigarettes causes any of the following:

a. Lung cancer?

a. Yes

b. No

Don't Know/Not Sure

Refused

b. Heart disease?

a. Yes

b. No

Don't Know/Not Sure

Refused

c. Colon cancer?

a. Yes

b. No

Don't Know/Not Sure

Refused

d. Health problems in children?

a. Yes

b. No

Don't Know/Not Sure

Refused

e. Sudden infant death syndrome?

a. Yes

b. No

Don't Know/Not Sure

Refused

PHYSICAL ACTIVITY

S10. In a usual week, do you do moderate activities [fill in "when you are not working" if "employed" or self-employed"] for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

a. Yes

b. No (Go to Q. S13)

Don't know / Not sure (Go to Q. S13)

Refused (Go to Q. S13)

S11. How many days per week do you do these moderate activities for at least 10 minutes at a time?

__ Days per week

Do not do any moderate physical activity for at least 10 minutes at a time (Go to Q. S13)

Don't know / Not sure (Go to Q. S13)

Refused (Go to Q. S13)

S12. On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

Example: 30 minutes is coded as 30

60 minutes is coded as 100

2 hours and 30 minutes is coded as 230

_: _ Hours and minutes per day

Don't know / Not sure

Refused

WEST NILE VIRUS

S13. During this past summer how much would you say that you were outdoors in the evenings? Would you say...

Please read (a-e):

- a. Always
- b. Nearly Always
- c. Sometimes
- d. Seldom
- e. Never
- Don't Know/Not Sure
- Refused

S14. Did you take any precautions this past summer to protect yourself from contracting West Nile Virus?

- a. Yes
- b. No (**Go to Q. S16**)
- Don't Know/Not Sure (**Go to Q. S16**)
- Refused (**Go to Q. S16**)

S15. Please tell me which of the following precautions that you took to avoid contracting West Nile Virus?

a. Did you check your property for places mosquitoes can breed?

- a. Yes
- b. No
- Don't Know/Not Sure
- Refused

b. Did you avoid outdoor activities?

- a. Yes
- b. No
- Don't Know/Not Sure
- Refused

c. Did you use mosquito repellent?

- a. Yes
- b. No
- Don't Know/Not Sure
- Refused

d. Did you wear long pants and long sleeved shirts?

- a. Yes
- b. No
- Don't Know/Not Sure
- Refused

NAME RECOGNITION

S16. Have you heard about the South Dakota Department of Health program called "Healthy South Dakota" that encourages South Dakotans to be physically active, eat healthy, and live healthier lives?

- a. Yes
- b. No
- Don't Know/Not Sure
- Refused

ORAL HEALTH

If "b", "c", "d", or "Never" to Q. 6.1 in Section 6, continue. Otherwise, go to Q. S18.

- S17. Earlier in this survey we talked about your oral health. What is the main reason you did not visit the dentist in the last year?
- a. Fear, apprehension, nervousness, pain, dislike going
 - b. Cost
 - c. Do not have/know a dentist
 - d. No Transportation/Too far away
 - e. No appointments available/Dentist not taking any more patients
 - f. Dentist not accepting new Medicaid patients
 - g. No reason to go (no problems, no teeth)
 - h. Other priorities
 - i. Have not thought of it
 - j. Other
- Don't Know/Not Sure
Refused

CANCER

- S18. In the past 12 months have you been diagnosed with cancer?
- a. Yes
 - b. No (**Go to Q. S20**)
- Don't Know/Not Sure (**Go to Q. S20**)
Refused (**Go to Q. S20**)
- S19. Did you seek or do you plan to seek treatment for this cancer?
- a. Yes
 - b. No
- Don't Know/Not Sure
Refused
- S20. An advanced directive is a document that tells those who may care for you in a medical crisis how you want to be treated. Do you have such a document in place for the time when you are not able to make a medical decision for yourself?
- a. Yes
 - b. No
- Don't Know/Not Sure
Refused

COLORECTAL CANCER SCREENING

If respondent is ≤ 49 years of age, go to Q. S23.

- S21. Has a doctor, nurse, or other health professional ever recommended that you be tested for colorectal or colon cancer?
- a. Yes
 - b. No (**Go to Q. S23**)
- Don't Know/Not Sure (**Go to Q. S23**)
Refused (**Go to Q. S23**)

S22. Did you have the test your health professional recommended?

- a. Yes
- b. No
- Don't Know/Not Sure
- Refused

CHILDREN'S HEALTH INSURANCE

If the total number of children (ages 0-17) is equal to or greater than 1 according to Q. 11.6, continue. Otherwise, go to Closing Statement.

I'm now going to ask you some more questions about the child in the household that we talked about earlier.

S23. Does this child have health coverage?

- a. Yes
- b. No (**Go to Q. S25**)
- Don't Know/Not Sure (**Go to Q. S33**)
- Refused (**Go to Q. S33**)

S24. What type of health coverage do you use to pay for most of this child's medical care? Is it coverage through: Your employer; Someone else's employer; A plan that you or someone else buys on your own; Medicare; Medicaid, CHIP, or Medical Assistance; The military, CHAMPUS, TriCare or the VA; The Indian Health Service; Community Health Services; or Some other source?

Enter the coverage code:

- a. Your employer
- b. Someone else's employer
- c. A plan that you or someone else buys on your own
- d. Medicare
- e. Medicaid, CHIP, or Medical Assistance
- f. The military, CHAMPUS, TriCare, or the VA
- g. The Indian Health Service (IHS)
- h. Community Health Services
- i. Some other source
- None
- Don't know/Not sure
- Refused

If "05" to Q. S24 go to Q. S32, otherwise go to Q. S33.

S25. There are some types of coverage you may not have considered, please tell me if this child is covered by any of the following. Coverage through: Your employer; Someone else's employer; A plan that you or someone else buys on your own; Medicare; Medicaid, CHIP, or Medical Assistance; The military, CHAMPUS, TriCare or the VA; The Indian Health Service; Community Health Services; or Some other source?

Enter the coverage code:

- a. Your employer (**Go to Q. S33**)
- b. Someone else's employer (**Go to Q. S33**)
- c. A plan that you or someone else buys on your own (**Go to Q. S33**)
- d. Medicare (**Go to Q. S33**)
- e. Medicaid, CHIP, or Medical Assistance (**Go to Q. S32**)
- f. The military, CHAMPUS, TriCare, or the VA (**Go to Q. S33**)
- g. The Indian Health Service (**Go to Q. S33**)
- h. Community Health Services (**Go to Q. S33**)
- i. Some other source (**Go to Q. S33**)
- None
- Don't know/Not sure (**Go to Q. S33**)
- Refused (**Go to Q. S33**)

S26. Has this child been refused health coverage due to his or her health status?

- a. Yes
- b. No
- Don't Know/Not Sure
- Refused

S27. Is this child without health coverage because of the loss of someone's employment?

- a. Yes
- b. No
- Don't Know/Not Sure
- Refused

S28. Is this child without health coverage due to any more of the following?

a. Employer dropped coverage?

- a. Yes
- b. No
- Don't know/Not sure
- Refused

b. Cost of premiums?

- a. Yes
- b. No
- Don't know/Not sure
- Refused

c. High deductibles?

- a. Yes
- b. No
- Don't know/Not sure
- Refused

d. Don't think it's necessary to have health coverage for this child?

- a. Yes
- b. No
- Don't know/Not sure
- Refused

S29. Please indicate if any of the following occurred in the last year due to this child's lack of health coverage.

a. Went without medical care when sick or injured, but probably should have received medical care.

- a. Yes
- b. No
- Don't know/Not sure
- Refused

b. Medical care was delayed when the child was sick or injured and probably should have received care sooner.

- a. Yes
- b. No
- Don't know/Not sure
- Refused

S30. About how long has it been since this child last visited a doctor for a routine checkup or physical examination?

- a. Within the past year (anytime less than 12 months ago)
- b. Within the past 2 years (1 year but less than 2 years ago)
- c. Within the past 5 years (2 years but less than 5 years ago)
- d. 5 or more years ago

Don't know/Not sure
Never
Refused

S31. Who primarily pays for medical care for this uninsured child?

- a. Parent(s) **(Includes caretaker parent and/or absent parent)**
- b. Other relative
- c. County
- d. Other **(Includes private foundation, charitable organization, provider write-off, etc.)**

Don't know/Not sure
Refused

Go to Q. S33

S32. Have you dropped or reduced private health coverage for this child because of the availability of medical assistance programs?

- a. Yes
- b. No

Don't Know/Not Sure
Refused

CHILDHOOD DIABETES

S33. Has this child ever been diagnosed with diabetes by a doctor?

- a. Yes
- b. No **(Go to Q. S35)**

Don't Know/Not Sure **(Go to Q. S35)**
Refused **(Go to Q. S35)**

S34. What is the type of diabetes?

Is it Type 1, Type 2, or both?

- a. Type 1
- b. Type 2

Both
Don't know/Not sure
Refused

CHILDREN'S SPECIAL HEALTH CONDITIONS

S35. Does this child have any special health care needs (other than diabetes) that have lasted or are expected to last 12 months or longer? Special health care needs are conditions that require more than the usual medical care, mental health, or educational services.

- a. Yes **(Go to Q. S36)**
- b. No

Don't Know/Not Sure
Refused

If “a” to Q. S33 go to Q. S37.

If there is more than one child in the household, go to Q. S49.

Otherwise, go to Closing Statement.

S36. What specific special health care needs does this child have?

If (“Don’t Know/Not Sure”, “None”, or “Refused” to Q. S25) or (“Don’t Know/Not Sure” or “Refused” to Q. S23), go to Q. S39. Otherwise, continue.

S37. Do you feel this child has adequate health insurance?

a. Yes (**Go to Q. S39**)

b. No

Don’t Know/Not Sure (**Go to Q. S39**)

Refused (**Go to Q. S39**)

S38. Why not?

a. High Co-pay or Deductible

b. Rider on the Policy

c. Pre-existing Condition

d. Out of Network Providers

e. Services are Excluded:

(Specify Services)_____

f. (Other(Specify)_____

Don’t Know/Not Sure

Refused

S39. Please tell me which of following types of medical care and treatment are needed by this child:

a. Prescription drugs?

(Interviewer: If asked, this includes – Pharmacy)

a. Yes

b. No

Don’t Know/Not Sure

Refused

b. Therapies?

(Interviewer: If asked, this includes - Physical, occupational, or speech)

a. Yes

b. No

Don’t Know/Not Sure

Refused

c. Routine lab tests?

a. Yes

b. No

Don’t Know/Not Sure

Refused

d. Primary care physician visits?

a. Yes

b. No

Don’t Know/Not Sure

Refused

e. Specialist care physician visits?

a. Yes

b. No

Don’t Know/Not Sure

Refused

f. Special equipment?
a. Yes
b. No
Don't Know/Not Sure
Refused

g. Counseling?
a. Yes
b. No
Don't Know/Not Sure
Refused

h. Any other types of medical treatment or care? (Specify)
a. Yes
b. No
Don't Know/Not Sure
Refused

S40. Please tell me how many miles need to be traveled one way for the following types of medical care or treatment for this child.

If "a" to Q. S39a continue. Otherwise go to Q. S40b.

a. Prescription drugs?
_ _ _ _Miles
Don't Know/Not Sure
Refused

If "a" to Q. S39b continue. Otherwise go to Q. S40c.

b. Therapies?
_ _ _ _Miles
Don't Know/Not Sure
Refused

If "a" to Q. S39c continue. Otherwise go to Q. S40d.

c. Routine lab tests?
_ _ _ _Miles
Don't Know/Not Sure
Refused

If "a" to Q. S39d continue. Otherwise go to Q. S40e.

d. Primary care physician visits?
_ _ _ _Miles
Don't Know/Not Sure
Refused

If "a" to Q. S39e continue. Otherwise go to Q. S40f.

e. Specialist care physician visits?
_ _ _ _Miles
Don't Know/Not Sure
Refused

If “a” to Q. S39f continue. Otherwise go to Q. S40g.

f. Special equipment?

___Miles

Don't Know/Not Sure

Refused

If “a” to Q. S39g continue. Otherwise go to Q. S40h.

g. Counseling?

___Miles

Don't Know/Not Sure

Refused

If “a” to Q. S39h continue. Otherwise go to Q. S41.

h. (Specified medical treatment or care from Q. S39h)?

___Miles\

Don't Know/Not Sure

Refused

S41. Now please tell me how many times per year the following types of medical care or treatment are needed for this child:

If “a” to Q. S39a continue. Otherwise go to Q. S41b.

a. Visits to your pharmacy for prescription drugs?

___Enter times per year

Never

Don't Know/Not Sure

Refused

If “a” to Q. S39b continue. Otherwise go to Q. S41c.

b. Therapies?

___Enter times per year

Never

Don't Know/Not Sure

Refused

If “a” to Q. S39c continue. Otherwise go to Q. S41d.

c. Routine lab tests?

___Enter times per year

Never

Don't Know/Not Sure

Refused

If “a” to Q. S39d continue. Otherwise go to Q. S41e.

d. Primary care physician visits?

___Enter times per year

Never

Don't Know/Not Sure

Refused

If “a” to Q. S39e continue. Otherwise go to Q. S41f.

e. Specialist care physician visits?

__ _Enter times per year

Never

Don’t Know/Not Sure

Refused

If “a” to Q. S39f continue. Otherwise go to Q. S41g.

f. Special equipment?

__ _Enter times per year

Never

Don’t Know/Not Sure

Refused

If “a” to Q. S39g continue. Otherwise go to Q. S41h.

g. Counseling?

__ _Enter times per year

Never

Don’t Know/Not Sure

Refused

If “a” to Q. S39h continue. Otherwise go to Q. S42.

h. Any other types of medical treatment or care? (Specify)

__ _Enter times per year

Never

Don’t Know/Not Sure

Refused

If “a” or “c” to Q. 6 in Module 1, continue. Otherwise go to Q. S49.

S42. Are you satisfied with the involvement you have had with your child’s health care team in making decisions about what care is provided to your child?

a. Yes (**Go to Q. S44**)

b. No

Don’t Know/Not Sure (**Go to Q. S44**)

Refused (**Go to Q. S44**)

S43. Why not?

Check all that apply:

a. Do not understand medical terms

b. Health care team does not include you

c. Afraid to ask questions

d. Didn’t know you could help make decisions

Other (Specify) _____

Don’t Know/Not Sure

Refused

S44. Does your child’s primary care doctor work with you to identify and access all the medical and non-medical services needed to help your child and family achieve their goals?

a. Yes

b. No

Don’t Know/Not Sure

Refused

- S45. How would you rate the communication between your child's primary doctor and other health care providers about your child's care?

Please Read (a-d)

- a. Very Good
- b. Good
- c. Poor
- d. Communication not needed
- Don't Know/Not Sure
- Refused

- S46a. How would you rate the communication between your child's primary doctor and each of the following:

His/her school?

Please Read (a-d)

- a. Very Good
- b. Good
- c. Poor
- d. Communication not needed
- Don't Know/Not Sure
- Refused

- S46b. His/her early intervention program?

Please Read (a-d)

- a. Very Good
- b. Good
- c. Poor
- d. Communication not needed
- Don't Know/Not Sure
- Refused

- S46c. His/her child care provider?

Please Read (a-d)

- a. Very Good
- b. Good
- c. Poor
- d. Communication not needed
- Don't Know/Not Sure
- Refused

- S46d. His/her vocational rehabilitation program?

Please Read (a-d)

- a. Very Good
- b. Good
- c. Poor
- d. Communication not needed
- Don't Know/Not Sure
- Refused

S47. Do you feel the community-based services you use are organized and easy to use? Would you say this is true always, sometimes, or never?

- a. Always
- b. Sometimes
- c. Never
- Don't Know/Not Sure
- Refused

S48. Do you feel the services your child receives have helped them transition to adult health care, work and independence?

- a. Yes
- b. No
- Don't Know/Not Sure
- Refused

If the total number of children (ages 0-17) is greater than 1 according to Q. 11.6, continue. Otherwise, go to Closing Statement.

S49. Do any other children in your household have any special health care needs?

- a. Yes
- b. No
- Don't Know/Not Sure
- Refused

Closing Statement

That is my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.